U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. £3-257, colorabilistic Foliates to comply may result in criminal prosecution, fines, or divil panalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ TKO NO RUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //076	2. Fiscal Year Covered From:				
77.0					
	1 / 1 / 2004 Through: 12 / 31 / 2004				
Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Martir. R Stoate: II	Name International Brotherhood of Boilermakers				
	Labor Organization File Number 000-074				
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any				
Street 3201 East McKnight Roud	Street 753 State Avenue Suite 570				
City Pittsburgh	City Kansas City				
State Pennsylvania ZPCc:+4 15237	State Kansas ZIP Code + 4 66101				
5. Position in labor organization.  Intermutation 1. Representative					
Enter appropriate data below if, during மே நம்பிற்ற விருவா, you or your spouse or minor child directly or indirectly had any of the following interests (സാധ്യാമ ഓ cpecified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transcational Traduding loans) with, or monetary value from an employer whene വെട്ടില്ലായ your organizati	derived income or other economic benefit of on represents or is actively sceking to represent.				
6. Name and address of Employer (Industing tracio ਜ ਸ਼ਜ਼ਰ, if cny).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:	\$ 0 × 0 A				
P.O. Box, Bldg., Room No., If any	7.b. Amount.				
Street	r.s. rangum.				
City					
State State State					
(iv Sign	ature				
15. Signature and verification. The understanded declares, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information conditions in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, concept or complete. (See the section on penalties in the instructions.)					
Signed MILDS E	On 8/8/2005 (412)367-1007 ext 13				
Signed VIII X XX	On 8/8/2005 (412)367-1007 ext 13  Date Telephone Number				
	Sam relebrone notines				

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Name of Person Filing Martin Stanton Xi	F.le Number U-				
B. Held an interest in or derived Income or cooks the bone it with monetary value from a business (1) a substantial part of which consists of buying from, colling or leasing to, or otherwise dealing with the business of an employer whose employees your bear organ because or is actively seeking to represent, or (2) any part of which consists of buying from or colling or teasing directly or indirectly to, or otherwise dealing with your labor organization or with a true in which your labor organization is interested.					
8. Name and address of Business (Including trato 1222), if cry).  Name Northeast Area Approntise. In 6  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer				
Street 297 Burnside Avenue  City East Hartford  State Connecticut ZIP Ccdc+4 06108					
10. If 9.b. or 9.c. is checked give trust or employers name.  Name  Trade Name, if any:	11.a. Nature of such dealrg.  Provides Craft /Tride Training to our members in the Norhteast Area				
P.O. Box, Bldg., Room No., If any Street  City  State  Z2 Ccdo + 4	11.b. Approximate dollar value of such dealing. \$2,594,604  12.a. Nature of interest he'd or income received.  Northeast Area Appronticeship Full Board Meeting. Reimbursed expenses for travel and lodging incureed during meeting.				
	12.b. Amount Approximately. \$262				
C. Received from any employer (other than an amployer covered und or from any labor relations consultant to an amployer any payment of mone	y or other thing of value.				
13.a. Name and address of Employer or Lebor Reference. Consultant (including trade name, if any).  Name	14.a. Nature of payment.				
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City					
State ZPC::::0 + 4	14.b. Amount of payment.				
13.b. is the Business an Employer or Concultant ?	, stream or paymont.				

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Name of Person Filing Martin Stanton II

File Number U-

## Part & Continuation Page

B. Held an interest in or derived income or connects be with with monetary value from a business (1) a subatential part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of a comployer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from an earling or learing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including tiralic name, if any).	9. Business deals with:	
Name Northeast Area Appronticable	a. Labor Organization b. Trust	
Trade Name, i' any:		
P.O. Box, Bldg., Room No., if any		
Street 297 Eurnside Avenus	c. Employe:	
onest 297 Euringide Avenue		
City East Hartford		
State Connecticut ZIP Ccdo+4 06108		
10. If 9.b. or 9.c. is checked give trust or employed) name.	11.a. Nature of such dealing.	
Name	Provides craft/trade training for our members in the Northeast Area.	
Trade Name, if any:		
P.O. Box, Bldg , Room No., if any		
Street		
City		
State ZiP Cado + 4	11.b. Approximate dollar value of such dealing. \$2,594,604	
	12.a. Nature of interest held or income received.	
	Meting and dinner to discuss recruitment and possible training improvements in the Northeast Area.	
	12.b. Amount Approximately. \$115	

Name of Person Fili	no Martin	Stanton	Τï

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File Number U-

## **Part B Continuation Page**

B. Held an interest in or derived income or contain in the policy with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of a comployer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or colling or localing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

9. Business deals with: 8. Name and address of Business (including taxto name, if any). Name Common Arc Corporation 🗙 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any P.O. To: 150 c. Employer Street City Geneva ZIP Codo+4 60134 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employed a name. Common Arc's purpose is to foster and advance the Name interest of construction Boilermakers. Common Arc developed and maintains a database of certified welders for the Boilermaker Construction Industry. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Codo + 4 \$13,000,000 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Worked on the Common Arc Audit Team in 2004 for the annual audit. Rembursement for travel, lodging, and meals recieved during the audit. \$617 12.b. Amount. - Approximately.